

that the next yearly meeting be held in Salt Lake City because the Salt Lake man holds the presidency. Seconded and carried.

Rich moved that all members of the House of Delegates receive copies of all the reports thirty days before the meeting. Seconded by M. M. Critchlow.

Kirtley moved an amendment to Rich's motion by inserting fifteen days instead of thirty. Seconded by Neher, accepted by Rich.

Kahn offered a substitute motion that we follow the rule of having committee reports read to the House of Delegates and instead of having a Reference Committee that they be passed upon by the House, and see how it works out. Then when we get our new Constitution and By-Laws, if we desire to make a change we can do so. Motion seconded and carried.

The following letter from the Auxiliary Salt Lake County Medical Society was read by the secretary:

"In response to a request from a number of the ladies of our auxiliary organization, we are sending this communication, hoping that some action will be taken regarding it.

Two years ago, upon request of Dr. J. C. Landenberger, a few of the doctors' wives met together and organized what is now known as the Auxiliary to the Salt Lake County Medical Society. The name seemed to be the only logical one, as the organization effected comprised only Salt Lake County membership.

It has been reported that our Utah organization has no listing in the National Auxiliary Association. We shall esteem it a favor if the State or County Medical Association will take some action relative to the status of the women's organization in order that we may have a place in the national program, and also because we have been calling ourselves an 'Auxiliary' to the Salt Lake County Medical Association. A delegate from the national organization is expected in Salt Lake City about next September to assist in further organization."

After extended discussion, a motion was made and carried that the communication be handed to the Salt Lake County Medical Society to be acted upon, and that all the other county societies be included in forming a state organization.

On motion, duly seconded and carried, meeting adjourned *sine die*.

Ankylosing Operations on the Tuberculous Spine—

As a basis for his study, Leonard W. Ely, San Francisco (Journal A. M. A.), has collected the histories of the patients with tuberculous spines who were operated on in the orthopedic clinic of Stanford University during the last twelve years, and to them has added the histories of his private patients. There are those who think that they can cure spinal tuberculosis by exposing their patients to sunlight. Until about twenty years ago the nonoperative treatment, by plaster of paris, by braces and by frames in recumbency, was practiced almost universally by those who treated many cases of spinal tuberculosis. The main rule of treatment is to deprive the joint of function. The nonoperative treatment is uncertain, takes years of time at best, and almost always is followed by marked deformity. In the operative treatment all the work is done on healthy bone, and at a considerable distance from the tuberculous portion. Hence, no danger of secondary infection exists. There remains, then, only the direct risk of the operation. This is very real without a skilled anesthetist. With one, it is almost negligible. The patient should be anesthetized on his face in a comfortable attitude, with cushions arranged so that his breathing will be unimpeded. When the operation is finished, the patient is rolled carefully onto the ambulance, and remains flat on his back for about a week before his wound is dressed. He is kept in recumbency for six weeks, though he may lie on his side or on his face after the first week. After this, he wears a spinal brace for about six months. The Hibbs operation theoretically is better than the Albee, for the bony bridge, once formed, is permanent, while anything may happen to a graft, sooner or later. On the other hand, the Albee operation is excellent in an early case in which the disease seems to be localized in one or two vertebrae. It is quickly done, and is excellent for lumbar disease. Ely finds a heavy percentage of second operations following the Hibbs operation. The results of these operations, as to the deformity, are good. In cases with secondarily infected tuberculous abscesses, the outlook is not particularly promising, but cases of recovery are on record.

NEVADA STATE MEDICAL ASSOCIATION

A. J. HOOD, M. D., Elko.....President
HORACE J. BROWN, M. D., Reno.....Secretary and Associate Editor for Nevada

Washoe County Medical Society (reported by J. A. Fuller)—The meeting of June 8 was held in Doctor Fuller's office, President C. H. West presiding.

The medico-legal aspects of mental diseases were discussed by George H. Henry. He explained the development of our present law from the old English law of 200 years ago. He touched on the injustice of the testimony of many so-called alienists and suggested several possible remedies, chief among which was, that the study of law should include a study of mental diseases; or that there should be special courts for the trial of the alleged insane; or that a specially trained State Commission should be formed for taking care of such cases.

Judge George Bartlett in discussion remarked that if the law was not sufficiently informed on medico-legal matters it was the fault of the medical profession.

J. L. Robinson spoke of the incompetence of much "expert testimony." Morrison suggested that the trouble was due to the fact that the witnesses were biased before they went on the stand. West thought the whole trouble was due to ignorance of mental disorders.

The application of A. L. Grover was read and placed in the hands of the censors. P. L. Robinson of Virginia City was elected to membership.

J. L. Robinson, R. H. Richardson and A. R. Dacosta, as a committee, prepared the following resolution, which was approved by the Society, regarding the death of A. Parker Lewis:

"Dr. A. Parker Lewis was born at Traes, Iowa, July 23, 1884, the son of James Henry Lewis. The family lived in Traes, where the father was a merchant, till the son was 7 years of age, when James Lewis took up government land in Kansas and became a farmer. Later they moved to Pomona, California, near which town he acquired an orange grove. In 1903 Parker Lewis entered Pomona College, later Stanford University, taking there a premedical course. He obtained his medical degree from the College of Physicians and Surgeons of San Francisco. He served with the Red Cross in the Philippines, and as quarantine officer when the bubonic plague visited San Francisco. He went to Alaska as physician-surgeon for a canning factory. Later he practiced in Sutter Creek, California, where on September 12, 1906, he married Margaret Payne. Two years later Doctor and Mrs. Lewis moved to Reno, and it was here, shortly after their arrival, that their only child, James, was born. Besides the widow and son two sisters survive, Sarah E. Lewis, professor of home economics at the University of Nevada, and Lucy M. Lewis, librarian of the Oregon Agricultural College.

In Doctor Lewis' death the medical profession, the community, and the state have met with a great loss.

Physiologic Effects of Spermatoxin—Robert M. Oslund, Chicago (Journal A. M. A.), shows that spermatoxins developed in the blood of the male animal have no effect on spermatogenesis or on mature sperm in the genital tract. Temporary aspermatogenesis found in some experiments is probably a consequence of general body reaction, to which tests are very sensitive, and not a specific reaction. The aspermatogenesis reported by various writers is too irregular in its appearance to be the result of specific antibody built up by regular procedure. It also appears quite probable that spermatoxins developed in the blood of the female animal have no effect on the natural response of its ova to sperm. General bodily reactions, especially the resulting anaphylaxis, cause abortion of ova and often of embryos, if the animals are pregnant. The delay of pregnancy occasionally found appears to be very short in duration and is probably caused by physical disturbances of the body rather than by antibody reactions.